

Denti-Cal

California Medi-Cal Dental

Bulletin

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Training Seminars

[Reserve an available spot](#) for one of our open training seminars.

Webinar

Basic & EDI/D506 - Oct. 3, 2014

San Bernardino

Basic & EDI/D507 - Oct. 8, 2014

Advanced/D508 - Oct. 9, 2014

Concord

Basic & EDI/D509 - Oct. 22, 2014

Advanced/D510 - Oct. 23, 2014

Woodland Hills

Basic & EDI/D511 - Oct. 30, 2014

Advanced/D512 - Oct. 31, 2014

Provider Enrollment Assistance Line

Speak with an Enrollment Specialist. [Go here for more information!](#)

Wednesday, Oct. 15, 8 am - 4 pm.

New Aid Codes: L8 and L9

Welfare and Institutions Code (W&I Code) Section 14102, Section 14148.65, and Section 14148.67 establish two Medi-Cal Benefits and Affordability Wrap Programs ("affordability wrap") for two populations:

- ◆ Pregnant women with satisfactory immigration status and who have income levels between 139 and 213 percent of the Federal Poverty Level (FPL), and
- ◆ Newly Qualified Immigrants (NQIs) who are 21 years or older and have income levels between 0 and 138 percent of the FPL.

Aid Code L8

The affordability wrap is designed for pregnant women that are currently enrolled in a Qualified Health Plan (QHP) through Covered California and meet the above income levels. Aid Code L8 will provide no share of cost (SOC), full scope benefits.

Aid Code	Benefits	SOC	Program/Description
L8	Limited	No	T19 Pregnant Woman Wrap > 138% through 213% FPL

Aid Code L9

Aid Code L9 provides no SOC, full scope benefits for NQIs. An NQI is a Qualified Immigrant who is subject to the five-year bar on federal full scope Medi-Cal eligibility. Pursuant to W&I Code Section 14102, the NQI adult:

- ◆ Must be 21 years of age or older,
- ◆ Must not have minor children eligible for Medi-Cal benefits, and
- ◆ Is subject to the aforementioned five-year bar on federal full scope Medi-Cal eligibility.

Aid Code	Benefits	SOC	Program/Description
L9	Full Scope	No	T 19 NQI Wrap 0% - 138% FPL

For questions regarding these new aid codes or any other aid codes, please contact the Denti-Cal Provider Customer Service Line at 1-800-423-0507.

Correction: New Aid Codes for the Affordable Care Act

The [December 2013 bulletin \(v.29, #21\)](#) incorrectly lists the descriptions for Aid Codes M3-M0. The correct listing is as follows:

Aid Code	Benefits	SOC	Program/Description
M3	Full-Scope	No	Parents/Caretaker Relative Citizens under 109% Federal Poverty Level (FPL)
M4	Preg/Emerg	No	Parents/Caretaker Relative Undoc under 109% FPL
M5	Full-Scope	No	Expansion Child 6-19 yrs. 108-133% FPL Citizens
M6	Preg/Emerg	No	Expansion Child 6-19 yrs. 108-133% FPL Undoc
M7	Full-Scope	No	Pregnant Women under 60% FPL Citizen/Lawful
M8	Preg/Emerg	No	Pregnant Women under 60% FPL Undocumented
M9	Preg/Emerg	No	Pregnant Women 60-213% FPL Limited Citiz/Lawful
M0	Preg/Emerg	No	Pregnant Women 60-213% FPL Limited Scope Undoc

For questions regarding these new aid codes or any other aid codes, please contact the Denti-Cal Provider Customer Service Line at 1-800-423-0507.

New Aid Codes: N5, N6, N7, and N8

Aid Codes N5, N6, N7, and N8 have been created for State and County Adult Inmates enrolled in the Low Income Health Program and who are now eligible for transition into Medi-Cal under the Medi-Cal expansion. Please note that these new aid codes are non-dental. The aid code descriptions are as follows:

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NEED MORE INFORMATION?

Provider Enrollment Workshops



Are you a dental provider who is interested in joining the Denti-Cal program but don't know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred, but not required.

Date/Time:	Location:	County:
Wednesday, Oct. 8, 2014 8:00 AM- 4:00 PM Register Now!	Double Tree by Hilton Hotel 1150 Ninth St Modesto, CA 95354 209-526-6000	Stanislaus County
Wednesday, Oct. 22, 2014 8:00 AM- 4:00 PM Register Now!	Residence Inn Marriott 1040 E Harriman Place San Bernardino, CA 92408 909-382-4564	San Bernardino County

Aid Code	Benefits	SOC	Program/Description
N5	Non-Dental	No	Limited Scope Medi-Cal No SOC State Adult Inmate
N6	Non-Dental	No	Restricted Scope Medi-Cal No SOC State Adult Inmate
N7	Non-Dental	No	Limited Scope Medi-Cal No SOC Cty Adult Inmate
N8	Non-Dental	No	Restricted Scope Medi-Cal No SOC Cty Adult Inmate

For questions regarding these new aid codes or any other aid codes, please contact the Denti-Cal Provider Customer Service line at 1-800-423-0507.

Comprehensive Services for Pregnant Beneficiaries

Effective immediately, pregnant beneficiaries, regardless of age, aid code, and/or scope of benefits will be eligible to receive **all** dental procedures listed in the Denti-Cal Manual of Criteria (MOC) that are covered by the Medi-Cal program so long as all MOC procedure requirements and criteria are met. Beneficiaries will also be eligible to receive these services for 60 days postpartum, including any remaining days in the month in which the 60th day falls.

Submitting a Treatment Authorization Request or Claim for Pregnant or Postpartum Beneficiaries

Providers must indicate “PREGNANT” or “POSTPARTUM” in the COMMENTS field (or Field 34) on the Treatment Authorization Request (TAR) when seeking prior authorization or on the claim form when billing for services rendered to a pregnant/postpartum beneficiary. Additionally, all necessary documentation and/or radiographs must be submitted with the TAR and/or claim form.

To comply with the MOC, TAR submissions will now be permitted for pregnant/postpartum beneficiaries in limited scope aid codes for procedures that require prior authorization. Once approved, the services can be completed within the authorization period. Please note that the authorization is still valid even if the beneficiary is no longer pregnant during the authorization period and/or if the authorization period extends beyond the 60 day postpartum period. Prior authorization will continue to be waived for the following periodontal procedures rendered to pregnant/postpartum beneficiaries, regardless of age, aid code, and/or scope of benefits, when “PREGNANT” or “POSTPARTUM” is documented in the COMMENTS field (or Field 34) of the TAR or claim form: D4210, D4211, D4260, D4261, D4341, and D4342.

Denied TARs and Claims for Pregnant or Postpartum Beneficiaries

If a TAR is denied with adjudication reason code 503A or 503B (“Optional Adult Dental procedure is not a benefit”), providers may request a re-evaluation of the denied TAR by documenting “PREGNANT” or “POSTPARTUM” in the COMMENTS field (or Field 34). All necessary documentation and/or radiographs must be submitted with the request.

If a claim is denied with adjudication reason code 503A or 503B, providers may submit a Claim Inquiry Form (CIF) documenting “PREGNANT” or “POSTPARTUM” in the COMMENTS field to have the claim reprocessed. All necessary documentation and/or radiographs will be required as well.

Emergency Certification Statements

An Emergency Certification Statement on the claim form for pregnant or postpartum beneficiaries in a limited scope and/or pregnancy aid code is no longer necessary unless it is delineated as a prior authorization requirement in the MOC. Please note there are no changes to the scope of benefits or to the submission requirements for beneficiaries who are **not pregnant or postpartum** with a limited scope or pregnancy aid code. As such, an Emergency Certification Statement will still be required for payment of all other emergency procedures.

For more information, please call the Denti-Cal Provider Customer Service Line at 1-800-423-0507.

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Helpful Hints to Avoid Denials

Denti-Cal has compiled the following information to help offices avoid delays in payment and the denial of Claims and Treatment Authorization Requests (TARs).

1. For beneficiaries who turn 21 years of age:
 - Authorized procedures on a Notice of Authorization (NOA):
 - a) Denti-Cal authorized treatment on a NOA may be allowed even though the beneficiary's 21st birthday occurs before the expiration date on the NOA. Procedures requiring prior authorization will be payable as long as the beneficiary is eligible at the time services are rendered.
 - b) Orthodontic coverage is a benefit up to age 21 for qualifying beneficiaries. Authorized orthodontic treatment may be rendered on an eligible beneficiary through the month of their 21st birthday.
2. All Denti-Cal forms, such as claims/TARs/NOAs/Resubmission Turnaround Documents (RTDs)/Claim Inquiry Forms (CIFs) require a live signature from the provider or authorized staff member. Rubber stamps or "signature on file" cannot be accepted.
3. Use the NOA to request payment of the authorized services. Do not submit a new claim.
4. Use the existing NOA for a re-evaluation of a denied procedure by marking the re-evaluation box on the upper right corner and submit all required documentation and/or radiographs. Do not submit a CIF for this purpose.
5. Arch radiographs are defined as a combination of radiographs that best depicts the condition of the remaining teeth in the arch. Arch films are considered current for a period of 36 months.
6. Arch radiographs are not required for patients under the age of 21.
7. Do not use X-ray envelopes for any type of documentation for documents submitted by mail. X-ray envelopes are to be used for radiographs and photographs only. Staple all attachments to the back of the Claim/TAR form.
8. For claims/TARs submitted electronically, use the red-bordered envelopes and EDI labels to mail requested documentation.
9. Do not reuse X-ray envelopes that have been returned to you by Denti-Cal.

Common Adjudication Reason Code (ARC) Denials

The most common adjudication reason code denials are as follows:

1. Not submitting the required radiographs for restorations and extractions (ARC 266B)
2. Submitted third molar extractions that do not meet the program guidelines (ARC 048)
3. Mislabeled radiographs and photographs (including digitized images):
 - Radiographs/photographs are not dated (ARC 029A)
 - Radiographs/photographs after the date of service for the procedure (ARC 029E)
 - Radiographs/photographs have multiple dates (ARC 029C)
 - Date on the photographs do not match the date of service indicated on the claim for the photographs (ARC 031C)
 - Radiographs/photographs are not labeled right/left or teeth numbers are not indicated (ARC 266G)
4. Submitting non-diagnostic radiographs (ARCs 266C, 266I, 266K)
5. Providers are not responding to RTDs or if the document was sent electronically, requests for radiographs/attachments (ARC 326)
6. Submitting incorrect tooth numbers, surfaces or procedure codes (ARCs 260, 261, 261A)

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7. Photographs not submitted with the Claim or Treatment Authorization Request (TAR) for the procedure that it supports (ARC 031/031A)
8. Rendering/NPI # is incorrect or not submitted (319, 319A)
9. Not submitting a complete Emergency Certification Statement for a limited scope aid code (ARC 369, 369A)
10. Not submitting documentation or submitting incomplete documentation for an emergency procedure (ARC 267, 267I)

For a complete listing of Adjudication Reason Codes and their definitions, see “[Section 7 – Codes](#)” in the Provider Handbook.

First Tooth or First Birthday Initial Dental Checkup

No child is too young for good oral health. Undetected and untreated tooth decay can lead to infection, loss of teeth, and expensive and preventable emergency and restorative procedures at a very early age. Establishing a regular source of care and treating Denti-Cal’s youngest beneficiaries gives providers the opportunity to discuss the importance of preventive dental care with parents and allows them to detect early childhood caries and determine fluoride needs.

Seeing young children upon the eruption of their first tooth and no later than their first birthday is recommended by the American Dental Association (ADA), the American Academy of Pediatric Dentistry (AAPD), and the American Academy of Pediatrics (AAP).

As providers, you have the opportunity to establish the foundation of a child’s oral health and provide a valuable service to your community. Educating parents on their child’s oral health needs is an invaluable part of their first visit to the dentist. This first visit is the perfect opportunity to demonstrate how to properly clean the child’s teeth and advise parents on the adverse effects of unhealthy dietary habits. Although the initial dental examination of a child may not involve many teeth and can be done very quickly, the early detection of early childhood caries can result in a better dental experience for our youngest beneficiaries, free from the pain and anxiety a child would face during more invasive procedures.

Parents should be advised that if they give their baby a bottle at bedtime, they should only give water and gently wipe the baby’s gums with a washcloth until the first tooth arrives. After the first tooth, they should brush baby teeth at least twice a day with an age-appropriate toothbrush using a “smear” of fluoridated toothpaste.

If you would like assistance in referring young patients to another dentist willing to see young children, please feel free to contact the Denti-Cal Provider Customer Service Line at 1-800-423-0507.

If you would like to learn more about the first tooth or first birthday recommendation, please consult the resources below.

Resources:

Denti-Cal Provider Bulletin: Dental Periodicity for Children

http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_26_Number_7.pdf

American Academy of Pediatric Dentistry

- Guideline on Caries-risk Assessment and Management for Infants, Children, and Adolescents:
http://www.aapd.org/media/Policies_Guidelines/G_CariesRiskAssessment.pdf
- Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents (chart):
http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf
http://www.aapd.org/media/Policies_Guidelines/G_CariesRiskAssessmentChart.pdf
- Guideline on Infant Oral Health Care:
http://www.aapd.org/media/Policies_Guidelines/G_InfantOralHealthCare.pdf

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The National Maternal and Child Oral Health Resource Center

- Dental Home:
<http://www.mchoralhealth.org/highlights/dentalhome.html>
- Fluoride Varnish:
<http://www.mchoralhealth.org/Topics/flvarnish.html>
- Dental Sealants:
<http://www.mchoralhealth.org/Topics/ds.html>

First Smiles for the Dental Team (Free!)

- The purpose of this one (1) unit course is to improve the pediatric oral health and overall health of children, birth through 5 years old, including those with special needs, by instructing dental team members on how to screen, assess and provide preventive treatment to children, and provide anticipatory guidance on oral health to young children and their families.
<http://www.cda.org/member-resources/education/online-learning#firstsmiles>

Digitized Images and Electronic Data Interchange (EDI) Documents

In conjunction with claims and Treatment Authorization Requests (TARs) submitted electronically, Denti-Cal accepts digitized images submitted through electronic attachment vendors National Electronic Attachment, Inc. (NEA), National Information Services (NIS), and Tesia Clearinghouse, LLC.

In order to submit digitized images, providers must apply and be approved to participate in the EDI program. For more information on EDI enrollment, please contact the Denti-Cal Provider Customer Service Line at (800) 423-0507 or EDI Support at (916) 853-7373 (e-mail: denti-caledi@delta.org).

Electronic Vendor and Document Specifications

The following documentation related to EDI claims, and TARs can be submitted electronically through NEA, NIS, or Tesia Clearinghouse, LLC web sites:

Images That <u>CAN</u> Be Transmitted:	Images That <u>CANNOT</u> Be Transmitted:
<ul style="list-style-type: none"> • Documentation related to claims and TARS to be submitted electronically: <ul style="list-style-type: none"> • Radiographs • Justification of Need for Prosthesis Forms (DC054) • Photos • Narrative documentation (surgical reports, etc.) 	<ul style="list-style-type: none"> • Any documentation related to claims and TARs submitted on paper. • Claim Inquiry Forms (CIFs), Resubmission Turnaround Documents (RTDs), or Notices of Authorization (NOAs) issued for paper or EDI documents

- ◆ **NEA Users:** Radiographs/photographs and attachments must be transmitted to NEA before submitting an EDI claim or TAR. NEA's reference number must be entered on the EDI claim or TAR using the following format: "NEA#" followed by the reference number, with no spaces. For example:

NEA#9999999

It is important to use this format and sequence. Some dental practice management and electronic claims clearinghouse software have an interface with NEA that automatically enters the reference number into the notes of the claim.

Questions about this may be directed to NEA at (800) 782-5150 option 3. For NEA enrollment information, visit <http://www.nea-fast.com> and enter promotion code *DCALRZIM* (expires 12/31/2014).

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- ◆ **NIS Users:** Create your claim or TAR. Before transmitting a document electronically, attach your radiographs/photographs and attachments. Use your Document Center to scan images, photos, etc.

For NIS information, call (800) 734-5561, select option #1, and option #1 again.

- ◆ **Tesia Clearinghouse, LLC:** Create your claim or TAR. Before transmitting a document electronically, include your radiographs/photographs and attachment

For Tesia Clearinghouse, LLC information, call (800) 724-7240.

Images should not be transmitted electronically for EDI claims or TARs that have already been submitted and are waiting for radiographs and/or attachments to be mailed. **Digitized images of CIFs, RTDs, and NOAs cannot be processed.**

Image Dates

All radiograph/photograph images submitted electronically require an “image created date.” The “image created date” should reference the date the radiographs/photographs were taken in the office.

Image Reference Numbers for CIFs Related to EDI and Paper Documents

Providers have the option of not submitting hard copies of radiographs and other documentation related to a Claim Inquiry Form (CIF) if the provider indicates digitized image reference numbers in the form’s remarks box. If a provider chooses **not** to include digitized image reference numbers on a CIF, then the provider **must** send in hard copies.

For additional information on how to submit reference numbers (also referred to as attachment control numbers), refer to the [HIPAA Transaction Standard Companion Guide \[Denti-Cal EDI \(Electronic Data Interchange\) Companion Guide\]](#).

Please note that tips to successfully using EDI can be found as attachments to this bulletin. For more information on sending digitized images to Denti-Cal, contact EDI Support at (916) 853-7373.